APPLICATION DATA SHEET

16033 North LaGuardia Parkway

Electronic Version v14

Stylesheet Version v14.0

Title of Invention

ADJUSTABLE CHAIR

Application Type: regular, utility

12873/04734 Attorney Docket Number:

Correspondence address:

Customer Number: 24024

Inventors Information:

Inventor 1:

Residence:

Applicant Authority Type: Inventor Citizenship: US Given Name: Joseph Middle Name: w Family Name: Adams

City of Residence:

Strongsville State of Residence: ОН

Country of Residence: US

Address-1 of Mailing Address:

Address-2 of Mailing Address:

City of Mailing Address: Strongsville State of Mailing Address: ОН Postal Code of Mailing Address: 44136

Country of Mailing Address: US

Phone: Fax:

F-mail:

Inventor 2:

Applicant Authority Type: Inventor Citizenship: US

Given Name: Christopher

Middle Name: н

City of Residence:	Stow
State of Residence:	ОН
Country of Residence:	US
Address-1 of Mailing Address:	4049 Hudson Drive
Address-2 of Mailing Address:	
City of Mailing Address:	Stow
State of Mailing Address:	ОН
Postal Code of Mailing Address:	44224
Country of Mailing Address:	US
Phone:	
Fax:	
E-mail:	
Attorney Information:	
practitioner(s) at Customer Number:	7000700
24024	
as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.	
Publication Information: Suggested Figure for Publication - Suggested Classification - Suggested Technology Center -	
Total Number of Drawing Sheets - 8	
Total Number of Drawing Sheets - 8	
Total Number of Drawing Sheets - 8 Assignee 1:	Invacare Corn
Total Number of Drawing Sheets - 8 Assignee 1: Organization Name:	Invacare Corp.
Total Number of Drawing Sheets - 8 Assignee 1: Organization Name: Address-1 of Mailing Address:	Invacare Corp. One Invacare Way
Total Number of Drawing Sheets - 8 Assignee 1: Organization Name: Address-1 of Mailing Address: Address-2 of Mailing Address:	One Invacare Way
Assignee 1: Organization Name: Address-1 of Mailing Address: Address-2 of Mailing Address: City of Mailing Address:	One Invacare Way Elyria
Assignee 1: Organization Name: Address-1 of Mailing Address: Address-2 of Mailing Address: City of Mailing Address: State of Mailing Address:	One Invacare Way Elyria OH
Assignee 1: Organization Name: Address-1 of Mailing Address: Address-2 of Mailing Address: City of Mailing Address: State of Mailing Address: Postal Code of Mailing Address:	One Invacare Way Elyria OH 44036-2125
Assignee 1: Organization Name: Address-1 of Mailing Address: Address-2 of Mailing Address: City of Mailing Address: State of Mailing Address: Postal Code of Mailing Address: Country of Mailing Address:	One Invacare Way Elyria OH
Assignee 1: Organization Name: Address-1 of Mailing Address: Address-2 of Mailing Address: City of Mailing Address: State of Mailing Address: Postal Code of Mailing Address:	One Invacare Way Elyria OH 44036-2125
Assignee 1: Organization Name: Address-1 of Mailing Address: Address-2 of Mailing Address: City of Mailing Address: State of Mailing Address: Postal Code of Mailing Address: Country of Mailing Address: Phone:	One Invacare Way Elyria OH 44036-2125
Assignee 1: Organization Name: Address-1 of Mailing Address: Address-2 of Mailing Address: Address-2 of Mailing Address: City of Mailing Address: State of Mailing Address: Postal Code of Mailing Address: Country of Mailing Address: Phone: Fax:	One Invacare Way Elyria OH 44036-2125

Delgado

Family Name:

Residence: